



TRANSMITTAL FORM

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	First Named Invent r	Hao Pan, et. al.
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ENCLOSURES (check all that apply)		
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Remarks: <i>Commissioner is authorized to charge any additional fee, or credit any overpayment, to Deposit Account No. 03-1550. A duplicate copy of this Transmittal Form is enclosed for purposes of use with Deposit Account No. 03-1550 as stated herein.</i>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Kevin L. Russell of CHERNOFF, VILHAUER, Mc CLUNG & STENZEL, LLP
Signature	
Date	January 13 2004

CERTIFICATE OF MAILING			
I hereby certify that, on the date below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Mail Stop Patent Applications (IDS), Commissioner for Patents, Post Office Box 1450, Alexandria, VA 22313-1450. <input checked="" type="checkbox"/> with sufficient postage as first class mail <input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____			
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